PTO/SB/06 (08-03)
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to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						109/935,798		
CLAIMS AS FILED - PA (Column 1)			kunın 2)	SMALL ENTITY		OR -	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		NUMBE	NUMBER EXTRA		FEE	}	RATE	FEE
BASIC FEE (37 CFR 1.16(a))	(10)				\$	OR		s
TOTAL CLAIMS	minus 20			X 5 =		OR	x s =	
(37 CFR 1.16(c))	· · · · · · · · · · · · · · · · · · ·			K 5 =		OR	X 5 =	
(37 CFR 1.16(b)) minus 3 = 1					<del> </del>	1		
MULTIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.18(d))			<u> </u>		OR	+5=		
* if the difference in column 1 is less than zero, enter *0* in column 2.				TOTAL	L	OR	TOTAL	
CLAII	MS AS AMENDED	- PART II						
, (6	Calumn 1)	(Calumn 2)	(Column 3)	SMALL I	ENTITY	OR	OTHER SMALL	R THAN ENTITY
	CLAIMS REMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total .	Minus	20	=	x \$		OR	x s =	
Total (31 CFR 1.18(c))  Independent (37 CFR 1.18(p))	Minus	" \Z	-/	x s_ =		OR	× . 86,00	6020
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+5 =		OR	+5 =	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
115-05 (Salana 3) (Salana 3)				ADD L I CC	L	)	ADDEFEE	L
* 10 0 J (	Column 1)	(Column 2) HIGHEST	(Column 3)		<del></del>	1		
	EMAINING AFTER MENOMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEB		RATE	'ADDI- TIONAL FEE
Total	Minus	20	-	x \$=	7	OR	x \$=	
Z Independent .	Minus		-	x s =		OR	x \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 (6(d)))				+5 =		OR	+\$ =	
<del></del>				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
_				MODELEC (	<u> </u>	J 5K	ADDEFEE	4
	Column 1) CLAIMS	(Column 2) HIGHEST	(Column 3)	<del></del>	I	1		<del></del>
U R	EMAINING AFTER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total AM	MENDMENT Minus	PAID FOR		x s =	FEE	1		FEE
(37 CFR 1,18(e))	Minus	***	5	X S =		OR	x s	
AFTER AMENDMENT PAID FOR EXTRA  Total (37 CFR 1.16(a))  Independent (17 CFR 1.16(b))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.16(d))				+5 =		OR OR		<del></del>
				TOTAL		1	TOTAL	
* If the entry in colum	in 1 is less than the entry	y in column 2, writ	e 10" in column :	ADD'L FEE 3.	L	OR	ADD'L FEE	L
" If the "Highest Num	ber Previously Paid For ber Previously Paid For	IN THIS SPACE	is less than 20,	enter "20".				
The Highest Numb	er Previously Paid For {	Total or Independ	ent) is the highe	st number found in	the appropria	le box in c	column 1.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.